

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/584,886
FILING DATE

APPLICANT(S)

6/29/86

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL REQ.	3	↓		↓		↓
TOTAL SER.	26	←	←	←	←	←
TOTAL CLAIMS	29	████████	████████	████████	████████	████████

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL REQ.		↓		↓		↓
TOTAL SER.		←	←	←	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████

WEST AVAILABLE COPY